

REGION IIHAZARDOUS WASTE SITEIDENTIFICATION AND PRELIMINARY ASSESSMENTSITE IDENTIFICATION

SITE NUMBER _____

Facility Name L. E. Carpenter Co.
Phone Number _____
Address (City, 170 North Main St.
County, State) Wharton, N.J.
Geographical LAT. 40 54 13
Coordinates LONG. 74 34 40
(degrees, minutes, seconds)
Owner of Facility "
Owner of Realty "
Operator "

NPDES Permit:
No NJ-0003611STATE INFORMATION

Date site identified _____
How site identified _____
State Contact: Who George Klepp / DEP / Surface Impoundment Assessment
When _____

TYPE OF FACILITY

Active ☒ (Industrial facility)
Inactive ☒ (Lagoons)
Abandoned ☐
Generator on-site facility ☐
Generator off-site facility ☐
Treatment ☐
Storage ☒
Disposal ☒

346248



* Type of Waste on Site: A. ☒ Liquid ☒ Solid ☐ Sludge
☐ Volatile B. ☐ Corrosive ☐ Ignitable ☐ Radioactive
☐ Toxic ☐ Reactive ☐ Municipal sludge
☐ Municipal Refuse ☐ Inert ☐ Other (Indicate) _____

*Attach list of all known substances, listed by (A) classification.
(Include oil and all petroleum products)

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Waste Oil or Oil based compounds on site Yes (X) No ()

Amount of waste on site gallons/tons/barrels/cubic yards

Other measure:

Source of Information:

Manner of Storage, Disposal or ☐ Pits ☒ Impoundments *(40' x 20' unlined lagoon)*

Handling:

☒ Drums ☐ Tanks ☐ Deep Wells ☒ Above Ground

☐ Below Ground ☐ Incineration ☐ Transportation

☐ Land Farming ☐ Landfill ☐ Chemical Treatment

☐ Physical Treatment ☐ Biological Treatment ☐ Recycling

☐ Open Dump (No Facility)

Size or Area of Site: Approximate area and dimensions, if known: 350 ft X 200 ft

SUBSURFACE CONDITIONS (Geology and Geohydrology) (from USGS, etc.)

- o Estimate depth to aquifer Appx 3-5 ft
 - o Direction of flow Appears to be S.E.
 - o Location of potential or actual recharge and discharge areas _____
 - o Types of interconnection of aquifers _____
 - o Ground water use in vicinity Groundwater in area used as drinking water supply - Wharton public well 1500ft from site (in plume of groundwater movement from site)
 - o Bedrock formations _____
- Type: (Circle) Sandstone, limestone, shale, Other _____

Unknown

--Depth from surface

- o Soil strata and overburden

Rockaway River runs along rear of plant
appx 200 ft away. Probably impacted
by groundwater movement.

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HAZARD DEFINITION (Check Appropriate)

- ☒ Contamination or Threatened Contamination of Surface Water
☐ Contamination or Threatened Contamination of Air
☒ Contamination or Threatened Contamination of Groundwater
☒ Contamination or Threatened Contamination of Soil
☐ Threat of Fire or Explosion
☐ Access not controlled
☐ Population at Risk (Circle: Residential Area, Workforce, Publicity Traveled Area)
☐ Non-Compatible Waste
☐ Leaking Containers
☒ Visible Damage (structure, vegetation, etc.)
☒ Water Supplies Threatened
☐ Other (indicate) _____

KNOWN OR ALLEGED INCIDENTS

<u>TYPE</u>	<u>DATE</u>	<u>TYPE</u>	<u>DATE</u>
<input checked="" type="checkbox"/> Spill/Leak	1/29/75	<input type="checkbox"/> Surface Water Contamination	
<input type="checkbox"/> Promiscuous Dumping		<input checked="" type="checkbox"/> Fish Kill	1/29/75
<input type="checkbox"/> Incompatible Wastes Mixed		<input type="checkbox"/> Wildlife Kill	
<input type="checkbox"/> Inadequate Security		<input type="checkbox"/> Natural Disaster	
<input type="checkbox"/> Fire/Explosion		<input type="checkbox"/> Worker Injury	
<input checked="" type="checkbox"/> Groundwater Contamination		<input type="checkbox"/> Non-Worker Injury/Exposure	
		<input type="checkbox"/> Property Damage	

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REGULATORY ACTION TO DATE

All Applicable Permits Held

NPDES involvement

Reconnaissance, Inspections, or Sampling Survey (List Agency and Date)

State is pressing for installation of monitoring wells, company presently not cooperating.DEP Solid Waste Admin has been involved in disposal of liquid waste which has resulted from sewer construction in the area.EPA S&A contractor presently preparing report on results of their inspection.

Past/Present Federal, State or Local Actions

PRELIMINARY ASSESSMENT *Apparent Seriousness of Problem ☒ High ☐ Medium☐ Low ☐ NoneState Action ☐ Planned ☐ Ongoing ☐ Concluded☐ Adequate ☐ Inadequate ☐ NonePriority for Site Inspection ☒ High ☐ Medium☐ Low ☐ None Needed

Date of Assessment _____

Prepared by _____

* If as a result of this preliminary assessment no further action is needed, complete the "Final Strategy Determination" Form.